



NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering			
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality			
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other			
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other						
				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled						

**Work Order ID 92228**

October-23-12 2:40:27 PM

**\*92228\***

Page 2

Item ID: 647.1912

Accept

Revision ID:

Item Name: Bracket LH

Start Date: 23/10/2012 Start Qty: 6.00

**\*6\***

Required Date: 06/11/2012 Req'd Qty: 6.00

**\*6\***

Reference:

**\*N900040100\***

Setup

Start

**\*NS1\***

Stop

**\*NS2\***

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

**\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop

**\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp	
130 <b>*130*</b> QC	QC8- Inspect parts - second check	0.00	<i>Jnd/13-02-14</i>		<i>6 Ø.</i>					
Quality Control	Memo	0.00								
140 <b>*140*</b> Outsource4	Outsource process-Anodize per QSI017 4.1.10.1	0.00	<i>Cd 13/03/21 (6)</i>							
Outsource process - Anodize	Memo	0.00								
	Issue P/O: <u>19391</u>									
	Black Anodize as per Dwg 646.3800									
150 <b>*150*</b> Packaging Packaging	Receive & Inspect for Damage & Mat'l Certs	0.00	<i>8x</i>		<i>13-4-02</i>					
	Memo	0.00								

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS							
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>						
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>						
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>						
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>							
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data													
Equip/Tooling													
Operator													
Material													
Setup													
Other													
Process													
Supplier													
Training													
Unapproved													
FAULT CATEGORY													
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio				<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	

**Work Order ID 92228**

October-23-12 2:40:27 PM

**\*92228\***

Page 3

Item ID: 647.1912

Accept

**\*N900040100\***

Setup

Start

**\*NS1\***

Revision ID:

Item Name: Bracket LH

Stop

**\*NS2\***

Start Date: 23/10/2012 Start Qty: 6.00

**\*6\***

Cust Item ID:

Required Date: 06/11/2012 Req'd Qty: 6.00

**\*6\***

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

**\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop

**\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
155 <b>*155*</b> QC Quality Control	QC5- Inspect part completeness to step on W/O Memo	0.00	DAS 27 13.4.2			8	0	0	
160 <b>*160*</b> SprayPaint Spray Painting	Spray Painting per QSI005 4.2 Memo PRIME AS PER DWG, SEE NOTE #2	0.00				8	0	0	13-5-11
170 <b>*170*</b> QC Quality Control	QC14- Inspect Spray Paint Memo	0.00				8	0	0	(DAS 05-05-13-05-18)

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS								
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>						
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>						
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>						
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>							
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data													
Equip/Tooling													
Operator													
Material													
Setup													
Other													
Process													
Supplier													
Training													
Unapproved													
FAULT CATEGORY													
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	

**Work Order ID 92228**

October-23-12 2:40:27 PM

**\*92228\***

Page 4

Item ID: 647.1912

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

Revision ID:

Item Name: Bracket LH

Stop

**\*NS2\***

Start Date: 23/10/2012 Start Qty: 6.00

**\*6\***

Cust Item ID:

Required Date: 06/11/2012 Req'd Qty: 6.00

**\*6\***

Customer:

Reference:

Approvals:	Process Plan:	Date:	Tooling:	Date:	Run	Start	<b>*NR1*</b>
						Stop	<b>*NR2*</b>

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
180 <b>*180*</b> Packaging	Identify as per dwg & Stock Location <u>St 139C</u>	0.00		DAS 06 9-8				<u>3/5/21</u>	(8)
Packaging	Memo	0.00							
	***IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV***								

190

**\*190\***

QC

Quality Control

QC21- Final Inspection - Work Order Release

0.00

Memo

0.00

13/5/21RB-05-21

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
			Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other			
Part No. _____		NCR No. _____								
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Séquence <input type="checkbox"/> Outside Dimensions						
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <hr/> <hr/>						
				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <hr/>						
				<input type="checkbox"/> Other						

**Picklist Print**

October-23-12 2:40:31 PM

Page 1

Work Order ID: 92228

**\*92228\***  
**\*647 1912\***

Parent Item: 647.1912

Parent Item Name: Bracket LH

Start Date: 23/10/2012

Required Date: 06/11/2012

Start Qty: 6.00

Required Qty: 6.00

Comments: IPP REV:A NEW ISSUE 12-10-22 JLM VERIFIED:DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
647.1911E		Manufactured	No			f		0.0000		0.842084			

**\*647 1911F\***

Bracket RH

MJP 13/10/14 \*\* 16'

(X)

91663

NCR: Yes / No

## **WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: Date:

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>			
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending				Bend				Grain			
Centre Not Concentric to O/S				BOM/Route				Hardware			
Cracks				Broken/Damaged				Inspection Incomplete			
Crushed/Crimped				Burrs				Instructions Incomplete/Unclear			
Cuffs				Contamination				Maintenance			
Heat Treat				Countersink				Mislabeled			
Inspection Strip in Tube				Cut Too Short				Misread			
Ripples in Bend				Drill Holes				Offset			
Torque Waves in Extrusion				Drawing				Out of Calibration			
Turning Sequence				Finish				Out of Sequence			
Wave/Twist in Tube				Folio				Outside Dimensions			
Pressure/Forced Temperature/Cure Weld Wrong Stock Pulled Other											

1 2 3 4 5 6 7 8

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REF:	DATE:	REV:
647.1910	12-10-24	N/C
INSTR.F.P.12	0000-0000	F.D.P.12

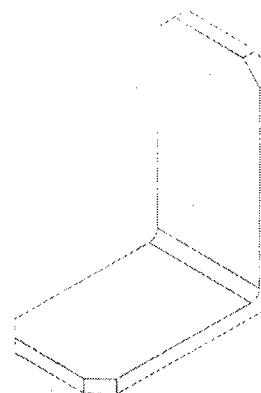
NOTES:

△ MATERIAL: ALUMINUM 7075-T651 PER AMS-QQ-A-250/12

△ FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III,  
CLASS 2 COLOR BLACK;  
CARDINAL 4860-50 PRETREATMENT PRIMER  
PRIME IAW MIL-P-23377J TYPE I CLASS N

3. DEBURR AND BREAK ALL SHARP EDGES

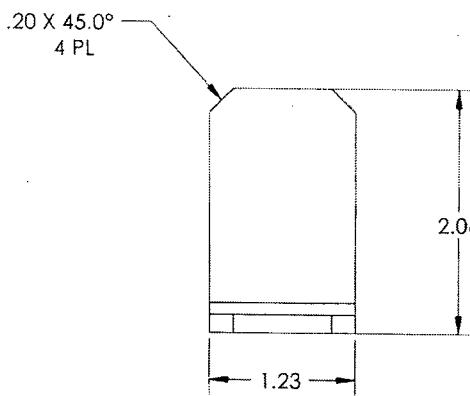
4. IDENTIFY IAW MPP-120



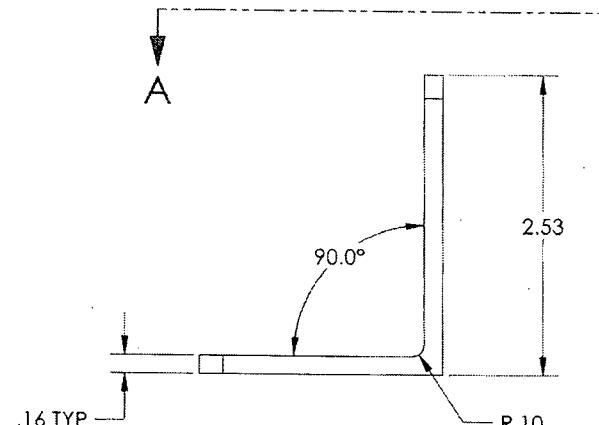
647.1910

OPY  
PRINT TO  
MIRROR  
SCALLED COPY  
ADJUSTMENT  
WAVE NOTICE  
NEW ORDER

92228 ML5  
12-10-24

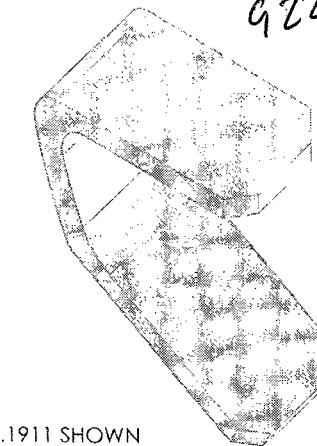
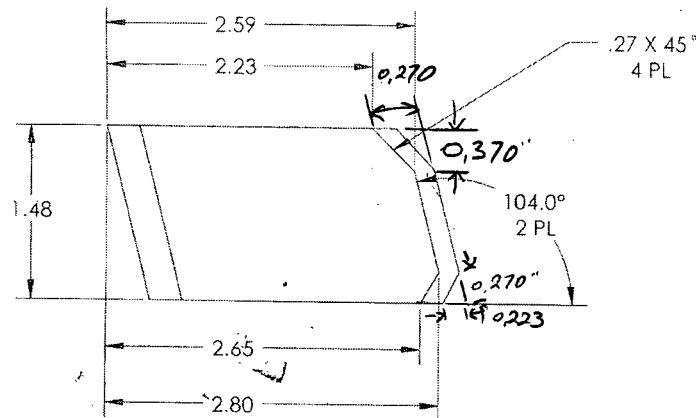


SECTION A

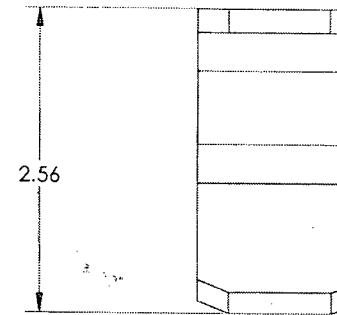
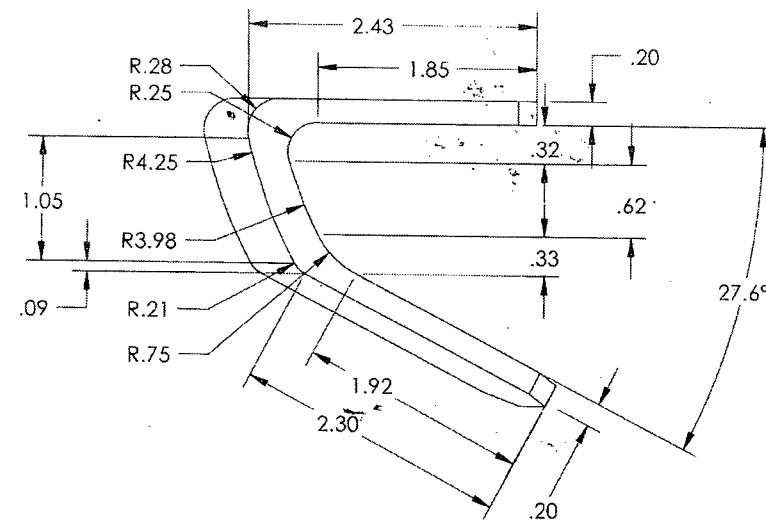


QTY	ITEM NO.	PART #	DESCRIPTION	MATL	SPEC..
		647.1915	SUPPORT ANGLE	△	△
		647.1914	BRACKET	△	△
		647.1913	TEE	△	△
		647.1912	BRACKET,LH	△	△
		647.1911	BRACKET,RH	△	△
		647.1910	CLIP	△	△
			FIND #	PART #	
PARTS LIST					
QTY	ITEM NO.	PART #	DESCRIPTION	MATL	SPEC..
1	NEXT ASSY (S)	647.1300	APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300		
	DRAWN BY	CARDIFF			
	REVIEWED BY	B. BRAVO			
	APPROVED BY	70			
	COMPUTER BY				
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE AS PER ASME FLATNESS: 0.005 ± 0.01 SHAFT DELOC: 0.005 ± 0.005 ANGLE: E.O.V.					
1/4"	1/4"	1/4"	1/4"	1/4"	1/4"
SCALE: 1:1	DATE: 12-10-24	REV: N/C			
1/4"	1/4"	1/4"	1/4"	1/4"	1/4"
647.1900					
SCALE: NONE	DATE: 12-10-24	REV: N/C			

2  
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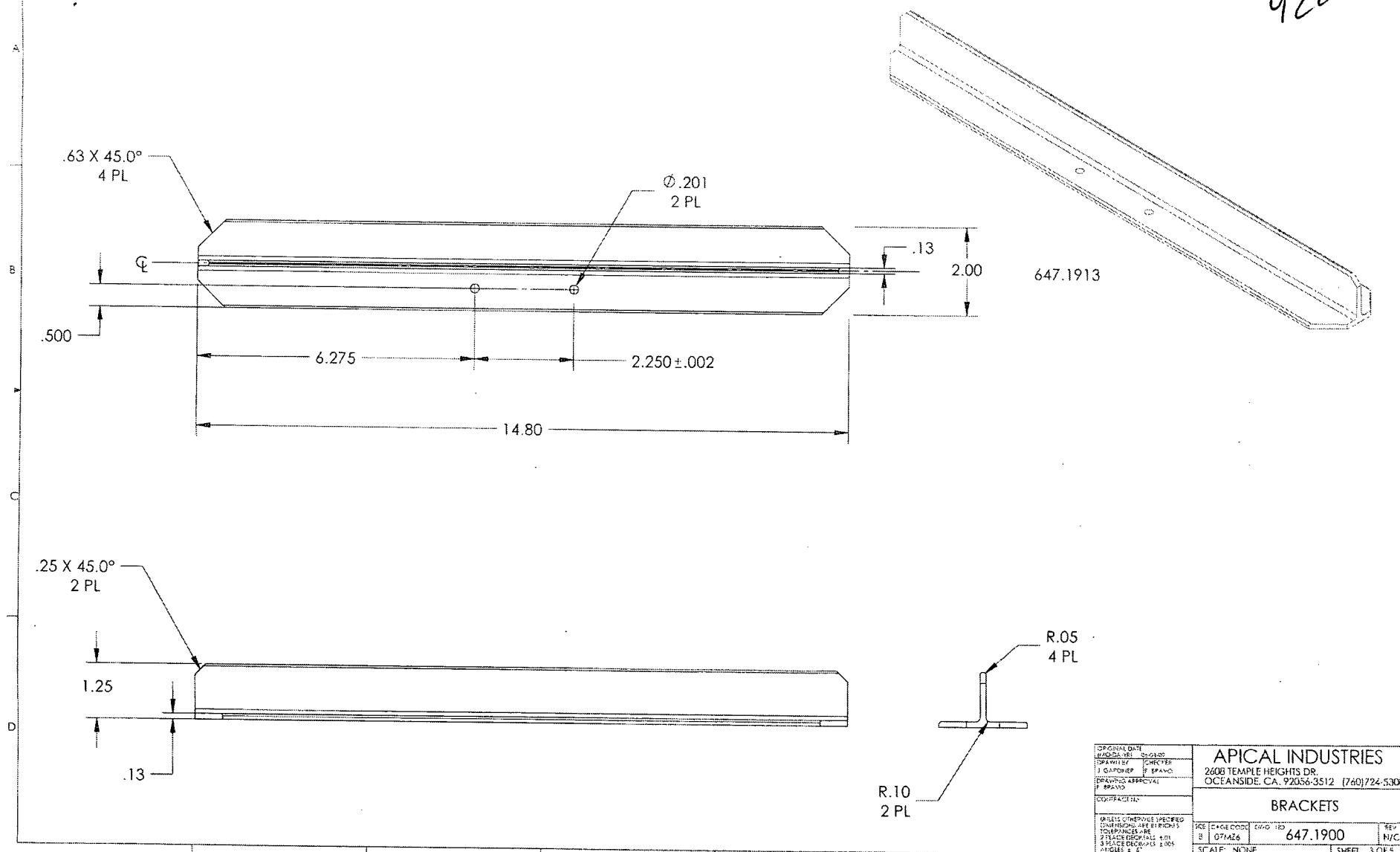
647.1911 SHOWN  
647.1912 OPPOSITE



ORIGIN DATE 05-01-03		APICAL INDUSTRIES	
DISC'DATE 05-01-03		2608 TEMPLE HEIGHTS DR.	
DRAFTER J. GARDNER		OCEANSIDE, CA. 92056-3512 (760)724-5300	
DRAWING APPROVAL P. BRAVO			
COMMITTEE NO.		BRACKETS	
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES			
1/8 INCH DECIMAL = .09375 INCHES			
1/16 INCH DECIMAL = .05833 INCHES			
1/32 INCH DECIMAL = .02917 INCHES			
REF	CASE CODE	ENG. NO.	REV
B	07M6	647.1900	N/C
SCALE: NONE		SHEET: 2 OF 2	

92228

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THE WRITTEN APPROVAL OF APICAL INDUSTRIES INC. FAX: (760) 724-5300

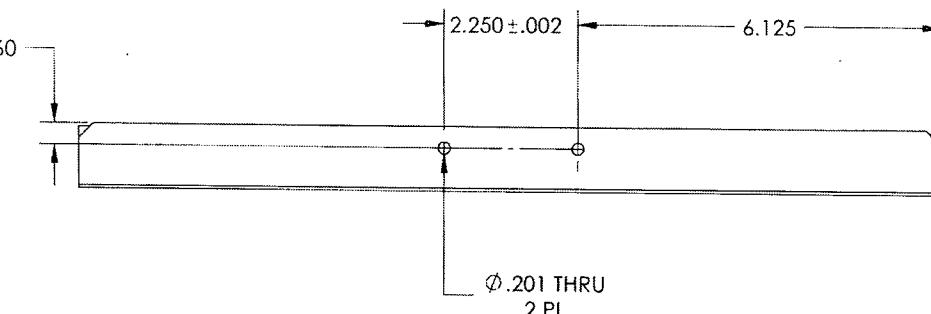
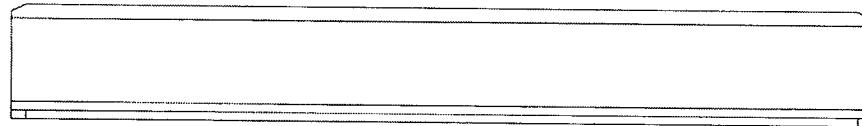
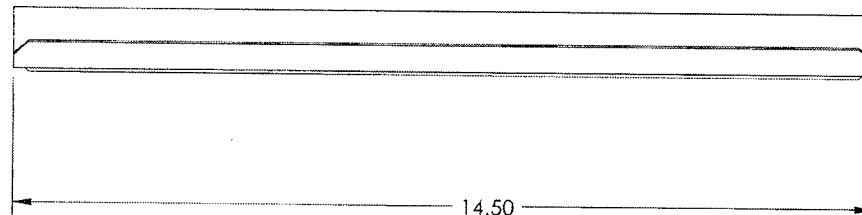


ORIGINAL DATE	05/05/02	SCALE	1:16
SPONSORSHIP	DOCTOR	DESIGNER	J. GARNER
DRAWING APPROVAL	P. BRAVO	DATE	05/05/02
CONTRACTING			
APICAL INDUSTRIES			260B TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300
BRACKETS			
RE-EX-GE-CODE	07M16	REV	647.1900
SCALE	NONE	N/C	SHEET 3 OF 5

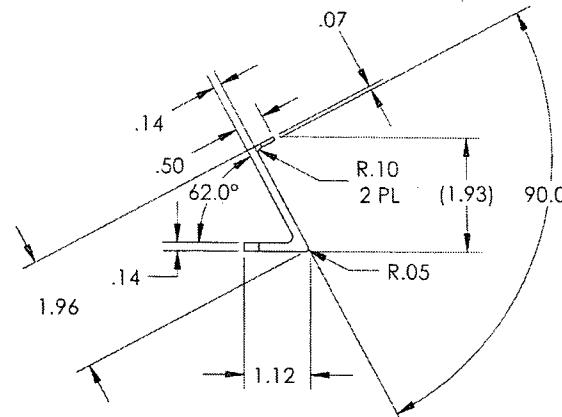


1 2 3 4 5 6 7 8 9

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647.1915



ORIGINAL DATE	REVISIONS	APICAL INDUSTRIES
10/20/08	07M26	2608 TEMPLE HEIGHTS DR, OCEANSIDE, CA 92056-3512 (760)724-5300
J. GARDNER	P. BRAVO	
DESIGNER APPROVAL		
P. BRAVO		
CONTRACT NO.		BRACKETS
UNLESS OTHERWISE SPECIFIED ALL DIMENSIONS ARE IN INCHES TOLERANCES ARE STOCK CLEARANCE: ±.005 STOCK CROWN: ±.005 ANGLES: ± 3°		
DRAWN BY	DWG. NO.	REV.
B	647.1900	N/C
SCALE	None	1 SHEET 5 OF 5

DART AEROSPACE LTD	Work Order:	92228
Description: 644-1912 Bracket LH	Part Number:	644-1912
Inspection Dwg:	Rev:	Page 1 of 1

# FIRST ARTICLE INSPECTION CHECKLIST

<i>MJP</i>	Measured by:	<i>[Signature]</i>	Audited by:	<i>[Signature]</i>	Preliminary Approval:
	Date:	<u>13/02/14</u>	Date:	<u>13.02.14</u>	Date:

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	



A.T.G. Industries Inc.  
731, rue Industrielle Rd.  
PLATING DEPARTMENT  
Rockland, On K4K 1T2  
Canada  
Ph: (613) 446-4544  
Fax: (613) 446-4556

### Pack List

Number: 62289

Date: 28-Mar-13

To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ship To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms	Ship Via
Quantity	Description
1 lot	Part: ASST 8 PCS 646.3010 8 PCS 646.3011 10 PCS 646.3110 20 PCS 646.3310 20 PCS 646.3311 7 PCS 646.3410 6 PCS 646.3411 20 PCS 646.3810 21 PCS 646.3812 6 PCS 647.1912 3 PCS 647.1818 2 PCS 647.1915 5 PCS 647.2201  HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 Job: 20130184
	Rev:
	PO: 19391
	Line:
	Certificate of Conformance
	A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.
	ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY
	DATE <u>38/3/13</u>
	CERTIFIED SIGNATURE : <u>M</u>
	RECEIVER SIGNATURE : _____